



TEXAS DEPARTMENT OF HEALTH  
Bureau of Emergency Management  
EMS PERSONNEL CERTIFICATION APPLICATION

For TDH Use Only 2A284/160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

INITIAL ONLY  
EMT-INTERMEDIATE AND PARAMEDIC LEVELS

See attached **Privacy Notice**. All information given on application is considered public record, with exception of social security number\* and driver's license number.

**APPLICATION SUBMISSION:** Application processing takes approx 3 weeks. Submit application, course completion certificate with fee, if not exempt, to your local Public Health Region office.

**TESTING INSTRUCTIONS:** You are responsible for scheduling your state exam seat assignment with the Region office. You will not be allowed to schedule your state exam until application processing has been completed. Check your application status on-line at: [http://160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm) Contact your Region office with questions about application, fees or exam schedules. <http://www.tdh.state.tx.us/hcqs/ems/regions.htm>

New testing instructions beginning February 1, 2003, advanced level initial applicants will be required to take the National Registry exam. **TYPE OR PRINT IN BLACK INK.** Additional instructions at: <http://www.tdh.state.tx.us/hcqs/ems>

**Section 1 - Personnel Data**

Print Last Name	First Name	Middle Name	SS# * or EMS ID #
Mailing Address: Street, Apartment Number or P O Box			
City		State	Zip
( )		( )	
Home Phone (include area code)	Business Phone (include area code)	County	
( )			
Date of Birth (MM/DD/YY)	Driver's License Number (include State)	Mark the level: <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Paramedic	
Have you achieved high school diploma or GED? <input type="checkbox"/> No <input type="checkbox"/> Yes Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college.			
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.			

**Section 2 - EMS Employment Information**

List all licensed EMS Firms &/or registered First Responder Organizations for which you work/volunteer, use additional sheet if needed:			
Name of Firm	Address	City, State, Zip	Volunteer or Paid**
_____	_____	_____	_____
_____	_____	_____	_____
**Fee exemption is allowed ONLY if you volunteer exclusively. Complete Section 3 - Volunteer Sign-off below, if applicable.			

**Section 3 - Volunteer Sign-Off - Complete if applicable.**

<b>This section to be completed by EMS provider or FRO administrator</b>	
This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH <b>licensed</b> emergency medical services provider or a TDH <b>registered</b> first responder organization (FRO), and does not receive compensation*** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation***, other than reimbursement as described below.	
I have explained to the candidate that if during the certification period, the candidate begins to receive compensation*** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.	
Signature of provider or FRO Administrator	Print Signed Name
***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.	
Provider or FRO Name and City:	
TDH License or Registration Number:	Phone:

**Section 4 - Application Type - Check appropriate box and attach requested information.**

- ☐ **Initial:** Completed Texas-approved initial course within past year. Submit this application with your course completion certificate and fee, if not exempt. Complete all requirements, including passing exam, within one year of course completion date. Follow Testing Instructions on page 1.
- ☐ **National Registry Reciprocity:** Candidate for initial Texas certification with current NR credentials. Completed Texas approved initial course more than one year ago or completed out-of-state initial course. Submit this application with fee, if not exempt. Texas certification may be issued for 4 years from our calculated NR card issue date.  
NR number: \_\_\_\_\_ NR expiration date: \_\_\_\_\_  
Candidates with NR **EMT-Intermediate** certification are also required to submit endotracheal intubation skills sheets for infant and adult patients.
- ☐ **Equivalency:** Candidate certified or licensed in another healthcare discipline or EMS trained outside the United States. You are responsible for acquiring curriculum review by a regionally accredited post secondary institution approved by the department. Submit this application with documentation of successful curriculum review and fee, if not exempt. You must pass written exam within one year of institution's review and approval date. Follow Testing Instructions on page 1. List your healthcare discipline, e.g. RN, medical physician, respiratory therapist: \_\_\_\_\_  
License or certificate number: \_\_\_\_\_ Country/State of issuance: \_\_\_\_\_

**Section 5 - Fees - Mark the fee(s) you are submitting.** Make fee payment payable to: **Texas Department of Health.**

Send check or money order. Do not send cash. Fees are NOT refundable. Volunteers are exempt from fees, except magazine fees. **DO NOT** combine application fee with EMS Magazine subscription fee payment. See Magazine subscription on page 3.

- ☐ **EMT-I or EMT-P - \$75** ☐ **None:** Explain- \_\_\_\_\_  
☐ **Other** (volunteer-to-pay, etc.): Explain- \_\_\_\_\_

**Section 6 - Criminal History Information - Everyone must complete.**

**Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.**

**Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?** ☐ No ☐ Yes  
If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). It is your responsibility to ensure that all information/documentation is attached with this application, e.g. court judgement(s), condition(s), of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_ Sentence(s): \_\_\_\_\_ Fine(s): \$ \_\_\_\_\_

City, County and State where offense(s) committed: \_\_\_\_\_

List other names you have used (e.g. alias, married/maiden, etc.) \_\_\_\_\_

Are you/were you on probation/parole? ☐ No *or* ☐ Yes Projected discharge date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**Has your criminal history previously been evaluated by TDH?** ☐ No *or* ☐ Yes **When:** \_\_\_\_\_ **If yes, have you committed any criminal offenses, or has the court taken any actions against you since the evaluation?** ☐ No ☐ Yes

**Section 7 - Signature and Date**

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

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**Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to your local public health region ([www.tdh.state.tx.us/hcqs/ems/regions.htm](http://www.tdh.state.tx.us/hcqs/ems/regions.htm)). Or, for faster magazine service, mail subscription form with magazine check separately to: TDH-EMS, PO Box 149200, Austin, Texas 78714-9200.**

**For TDH Use Only      ZZ 083-008**

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## ***Texas EMS Magazine***

Subscription Form

**\$25 for 2 years**

**\$45 for 4 years**

*Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.*

Amount Enclosed \$\_\_\_\_\_ for 2 or 4 (circle one) year subscription

ZZ 083-008

\_\_\_\_ New subscription

\_\_\_\_ Renewal subscription

**Fill in name and address and mail along with payment.**

*Please enter my subscription (please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

**Make check or money order payable to:**

**Texas Department of Health -- ZZ 083-008**

**(Please write magazine budget number ZZ 083-008 on check)**